



Albany, GA

Off-Campus Testing Site and Proctor Approval Form

Students who live outside of commuting distance to Darton College should use this form to arrange off-campus testing.

OFF-CAMPUS SITE APPROVAL: Location must be a college, university or military facility. No other locations will be approved.

PROCTOR APPROVAL: Must be an employee affiliated with the school's assessment/testing office or program and authorized to administer exams on behalf of the appropriate institution. Proctors at military bases must be appointed to or assigned to the Educational Services Office (ESO).

FEES: Student is responsible for any fees charged by the remote testing site.

Exams MUST NOT BE SCHEDULED at an Off-Campus Testing Site until this form has been approved by the Darton College Testing Center. Tests administered by sites that are not approved will not be accepted.

STUDENT INFORMATION:									
<i>Print</i>									
Name: _____	Day Time Phone Number: _____								
Darton ID number: _____	E-mail address: _____								
List all courses that will require Off-Campus Testing at this site.									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. Instructor: _____</td> </tr> <tr> <td>Course Name & Number: _____</td> </tr> <tr> <td>2. Instructor: _____</td> </tr> <tr> <td>Course Name & Number: _____</td> </tr> </table>	1. Instructor: _____	Course Name & Number: _____	2. Instructor: _____	Course Name & Number: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>3. Instructor: _____</td> </tr> <tr> <td>Course Name & Number: _____</td> </tr> <tr> <td>4. Instructor: _____</td> </tr> <tr> <td>Course Name & Number: _____</td> </tr> </table>	3. Instructor: _____	Course Name & Number: _____	4. Instructor: _____	Course Name & Number: _____
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2. Instructor: _____									
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3. Instructor: _____									
Course Name & Number: _____									
4. Instructor: _____									
Course Name & Number: _____									

REMOTE TESTING SITE INFORMATION: (Must be a college, university, or ESO)
Site Name: _____
Site Mailing Address: _____ _____
Site's Phone Number: Office _____ FAX _____
<i>I hereby certify that exams will be administered under conditions required by Darton College.</i>
_____ Signature of proctor and/or Testing Center Administrator
_____ Printed Name of proctor and/or Testing Center Administrator
Proctor's e-mail: (Must be the college, university, or military email. Personal emails will not be approved.)

Website: _____

- This form will not be accepted without proctor's printed name and signature.
- This form may be faxed or mailed.

<p>SEND COMPLETED FORM TO:</p> <p>Darton College Testing Center 2400 Gillionville Road Albany, GA 31707</p> <p>Office: 229.317.6735</p> <p>FAX: 229-317-6631</p> <p>E-mail: jean.satterfield@darton.edu</p>	<p><u><i>Darton Testing Center STAFF ONLY:</i></u></p> <p>_____ <i>Site/Proctor Approved</i></p> <p>_____ <i>Updated Data Base</i></p> <p>_____ <u>Exam History</u></p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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